PTO/SB/17 (10-08) Approved for use through 06/30/2010, OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Redu	ction Act of 1995	no persons are require	d to respond	U.S. Patent and to a collection of i	Trademark Of Information unl	fice; U.S. DE ess it display	PARTMENT OF COMMERCE is a valid OMB control number	
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
FEE TRANSMITTAL				lication Number	10/540,9	10/540,944 Conf. No.: 3801		
				g Date	June 29,	June 29, 2005		
For FY 2009			Firs	t Named Invento	or Takao W	Takao WATANABE		
Applicant claims small entity status. See 37 CFR 1.27				miner Name	S. M. Ma	S. M. Marsh		
				Unit	3632	3632		
TOTAL AMOUNT OF PAYMENT (\$) 940.00				mey Docket No	. 1152-03	1152-0319PUS1		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Papagit Assault Day 14 Day 14 Day 15 Day 16								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or undernayments of foo(s)								
WARNING: Information on this 1:06 and 1:17								
FEE CALCULATION								
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH EEEC FILING FEES FILING F								
Annua	Application 5 Small Entity Small Entity					N FEES		
Application Type Utility	Fee (\$)		ee (\$) F			e (\$)	Fees Pald (\$)	
Design	330		40	270	220 1	10		
Plant	220		00	50	140	70		
Reissue	220	_		165	170	85		
Provisional	330			270	650 3	25		
	220	110	0	0	0	0		
2. EXCESS CLAIM FEES Fee Description Fee (S) Fee (S)								
Each claim over 20 (including Reissues)						52	Fee (\$) 26	
Each independent claim over 3 (including Reissues) Multiple dependent claims						220	110	
Total Claims						390	195	
46 20 or HP =	- 20 or HP = 0 v = 0.00					Multiple Dependent Claims		
HP = highest number of tota Indep, Claims	al claims paid for, Extra Claims		_	_		Fee (\$)	Fee Paid (\$)	
10 - 3 or HP =	-0		Fee Paid 0,00	<u>(\$)</u>	-			
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFE 1.57(a)) the application in paper (excluding electronically filed sequence or computer								
-100 = 0 /50 = 0 (round up to a whole number) x								
4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 - RCE Filing Fee: \$810 / 1251 - 1 mo. EOT: \$130								
940.00								
SUBMITTED BY Signature Registration No.								
(Attorney/Agent) 39491						Telephone	e 703-205-8000	
Name (Print/Type) Michael R. Cammarata							tember 22, 2010	

Date September 22, 2010 This collection of information is required by 37 CFR\ 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USFF10 process) an application. Confidentially is governed by 33 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, unduring gathering, preparing, and submitting the completed application from to the USFF0. Time will vary depending upon the individual case. Any commercial control of the source including gathering, preparing, and submitting the completed appreciation from to the USP 10. I time was vary depending upon the individual case. Any comments on the amount of time poll tractile complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DNOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.